

**Year 2**  
**Direct Support Professional Training**

# **Resource Guide**



**Session #10**  
**Wellness:**  
**Medication**

**Department of Education  
and the  
Regional Occupational Centers and Programs  
in partnership with the  
Department of Developmental Services**

**2000**

# List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	<b>Wellness: Medication</b>	<b>3 hours</b>
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
<b>Total Class Sessions</b>		<b>12</b>
<b>Total Class Time</b>		<b>35 hours</b>

# Key Words

In this session, the key words are:

- Prescription
- Physician
- Pharmacy/Pharmacist
- Medication
- Self-Administration of Medication
- PRN
- Over-the-Counter
- Side Effects
- Drug Interactions (including food and alcohol)
- Ophthalmic
- Otic
- Medication Errors
- Documentation

### **Cautionary Statement**

The material in this module is not intended to be used as advice on matters pertaining to the prescription of medications. Medical advice should be obtained from a licensed physician. This module highlights knowledge of common medications, assistance in self-administration, medication interactions and documentation. We urge you to talk with physicians, pharmacists, nurses, dietitians, and other safety and health care professionals to broaden your understanding of the fundamentals covered in this module.

## Information Brief

# Medications

## Your Notes

**All medications for people living in a licensed community care facility require a written physician's order. This includes both prescription and non-prescription medications.**

**Prescription medications are medications which by law must be ordered by a physician. Non-prescription medication includes over-the-counter medications, vitamin supplements and herbal remedies.**

From now on, we will refer to non-prescription medications as over-the-counter medications.

**For every prescription and over-the-counter medication for which the DSP provides assistance, there shall be a signed, dated, written order from a physician on a prescription blank which is maintained in the individual's file and a label on the medication. A physician's written order and a medication label are always provided for prescription medications. In community care licensed facilities, a physicians's written order and medication label are *also required* for over-the-counter medications (such as Tylenol). In a community care facility, prescription and over-the-counter medications are treated in a similar manner.**

**PRN medications include prescription and over-the-counter medications. PRN medications must always be ordered by a physician. Community Care Licensing has established specific requirements for staff to assist individuals**

with self-administration of PRN medications. The requirements are different depending upon the needs of the individual. Individual needs are specified as follows:

1. Individuals who can determine and clearly communicate the need for the PRN medication
2. Individuals who cannot indicate the need for the PRN medication, but can communicate symptoms
3. Individuals who cannot determine the need and cannot communicate the symptoms for the need for the PRN medication
4. Children with PRN medications

**For individuals who can determine and clearly communicate the need for the PRN medication there must be:**

1. Signed and dated written order by the physician which is maintained in the individual's record
2. Written physician statement that indicates that the individual can determine and clearly communicate the need for the medication
3. Physician order and medication label that includes
  - Specific symptoms that indicate the need for the medication
  - Exact dosage
  - Minimum hours between dosage

## Your Notes

**Your Notes**

- Maximum doses to be given in a 24 hour period

**For individuals who cannot indicate the need for the PRN medication, but can communicate symptoms there must be:**

1. Signed and dated written order by the physician
2. Written physician statement that the individual cannot indicate the need for the PRN medication but can communicate his or her symptoms clearly
3. Physician order and medication label that includes
  - Specific symptoms that indicate the need for the medication which is maintained in the individual's record
  - Exact dosage
  - Minimum hours between dosage
  - Maximum doses to be given in a 24 hour period
4. A record of each dosage given that includes the date, time and dosage taken and the individual's response

**For individuals who cannot determine the need and cannot communicate the symptoms for the need for the PRN medication there must be:**

1. A physician order and medication label that includes

- Specific symptoms that indicate the need for the medication which is maintained in the individual's record
- Exact dosage
- Minimum hours between dosage
- Maximum doses to be given in a 24 hour period

And the DSP must:

2. Contact the individual's physician before giving each dose, describe the individual's symptoms, and receive direction to assist the individual with each dose
3. The DSP must record the date and time of each contact with the physician and the physician's directions and maintain in the individual's record
4. Record each dosage given that includes the date, time and dosage taken and the individual's response

**In a Small Family Home for children, the DSP may assist the child with a PRN medication under the following conditions:**

1. The physician has provided a signed and dated written order that includes written instructions for its use
2. Written instructions include the name of the child, the name of the PRN medication, instructions regarding when the medication

## Your Notes



should be stopped, and an indication when the physician should be contacted for reevaluation

3. The physician order and medication label should also include:
  - Specific symptoms that indicate the need for the medication which is maintained in the individual's record
  - Exact dosage
  - Minimum hours between dosage
  - Maximum doses to be given in a 24 hour period
4. The DSP must record the date and time of each contact with the physician and the physician's directions and maintain in the child's record
5. Record each dosage given that includes the date, time and dosage taken and the individual's response

## Your Notes

## Information Brief

# Basic Pharmacology

## Your Notes

On the following page are some common symbols and abbreviations used in medicine.

Oral medications are usually administered in mg (milligrams) or gm (grams), whereas liquid medications are prescribed in ml (milliliters), cc (centimeters), or oz (ounces). They may also be given in tsp (teaspoons) or tbsp (tablespoons). Sometimes oral medications, which are in granules, will also be prescribed in tsp, or tbsp.

An oral medication may be prescribed as:

Depakene 250mg, 1 tablet 4 times a day (q.i.d.)

A liquid medication may be prescribed as:

Depakene 250mg/5 cc. Give 5 cc 4 times a day (q.i.d.)

An example of a prescription for a medication supplied in granules is:

1 rounded teaspoon twice daily (b.i.d.)  
Take with at least 8 oz. of cool liquid.

If an individual is taking Depakene 250 mg, 1 tablet 4 times a day, how many milligrams are being taken per day?

**(Answer: 1,000 milligrams)** If the prescription is for Depakene 250 mg, 1 tablet, twice daily, how many milligrams are being taken per day? **(Answer: 500 milligrams)** It is good to know the exact daily dosage.

# Abbreviations and Symbols

<b>q. (Q)</b> = Every	<b>GM, gm.</b> = grams (1,000 mg.)
<b>Oz.</b> = Ounce	<b>h.s. (HS)</b> = Hour of sleep (bedtime)
<b>d.</b> = Day	<b>Cap</b> = Capsule
<b>tsp.</b> = Teaspoon (or 5 ml.)	<b>p.r.n.</b> = when necessary, or as needed
<b>h.</b> = Hour	<b>Tab</b> = Tablet
<b>Tbsp.</b> = Tablespoon (3 tsp., or 15 ml.)	<b>A.M.</b> = Morning
<b>b.i.d.</b> = Twice a day	<b>OTC</b> = Over-the-counter
<b>gr.</b> = grains	<b>P.M.</b> = Afternoon/evening
<b>t.i.d.</b> = Three times a day	<b>Rx</b> = Prescription
<b>mg.</b> = milligrams	<b>Qty</b> = Quantity
<b>q.i.d.</b> = Four times a day	

**This is the information the DSP should find and is required on every medication label:**

- Patient's Name;
- Prescriber's Name;
- Date prescribed (or filled);
- Name of the medication;
- Strength;
- Directions for how to use the medication;
- Quantity in the prescription;
- Expiration date; and
- Other information (e.g., Prescription #; pharmacy; refills; etc.)

If a label doesn't have all the necessary information, ask the pharmacist (or the physician) to add the needed information. Do not "scratch out" or write over or change a drug label in any way. Labeling may only be carried out by a licensed pharmacist according to Federal and State Guidelines. The label may not be altered by the DSP in any way.

**Prescription labels with written instructions by the physician must also be provided for PRN and over-the-counter medication.** Look at the label on the next page.

What is the patient's name?

What is the name of the prescriber?

**Your Notes**

**Best Med Pharmacy**

**RX 577524**

**Dr. Boyd**

**Patient: Jane Smith**

**07/01/00**

**Amoxicillin, 500 mg. #30 capsules**

**Take 1 capsule 3 times daily for 10 days**

**Expires 07/31/01**

**No Refills**

What date was the prescription filled?

What is the medication dose?

How many pills does Jane take each day?

**There are also various warning labels which may appear on a prescription or over-the-counter medication.** What are some of the other warning labels you may have seen on medications? Examples include:

- For External Use Only
- Medication Should Be Taken With Plenty Of Water
- Do Not Take With Dairy Products, Antacids Or Iron Preparations Within One Hour Of This Medication
- Finish All This Medication Unless Otherwise Directed By Prescriber
- May Cause Discoloration Of The Urine Or Feces
- May Cause Dizziness Or Drowsiness
- Take Medication On An Empty Stomach 1 Hour Before Or 2 Hours After A Meal Unless Otherwise Directed By Your Doctor
- It May Be Advisable To Drink A Full Glass Of Orange Juice Or Eat A Banana Daily While Taking This Medication

Have you ever been given sample medication? Sample medications may be

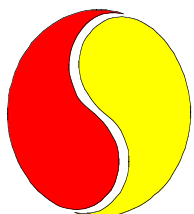
## Your Notes

used if given by the prescribing physician. Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

**Another important thing to keep in mind is that all medications have both a trade name and a generic name.** The trade name, or the brand name, is the name given by the manufacturer, such as Tylenol. The generic name is the name given by the federal government. The generic name for Tylenol is acetaminophen.

Usually the trade name is capitalized, such as Advil, but not the generic name, which in this case is ibuprofen. **It is important to know both names of the medications that a consumer is taking. Many times overdoses of medications have been given, because a person did not know that both medications were the same.** This can happen if more than one physician is prescribing medication, or if the pharmacy fills a new prescription by one name, while the old prescription was filled by the other name.

**What should the DSP do if he or she sees that two prescriptions have been written for the same drug? (Answer: notify the physician)** The prescription might be under the same trade or generic name or under different names. For example, one under the trade name and one under the generic name.



## Your Notes

## Information Brief

# Five Rights of Assisting with the Self-Administration of Medication

## Your Notes

The Five Rights of Assisting with Self-Administration of Medication include:

### 1. Right Person

**When assisting an individual with any medication, it is essential to know the person.** You may ask the individual, "What is your name?" Do not say, "Are you John Jones?" Some consumers may say "Yes" to any question asked. If uncertain of the individual's name or identity, consult another staff member, who knows the individual, before assisting him or her with self-administration of any medication. Stay with the individual until certain that he or she has taken the medication.

### 2. Right Medication

**Always check the name of the medication and the person on the pharmacy label.** Make sure you are giving the right medication to the right person. Read the label three times and compare it to the medication ordered.

- The first check is when you removed the medication from the storage area.



- The second check is when you remove the medication from its original container.
- The third check is just before you assist the individual with self-administration of the medication.

### 3. Right Dose

**Read the pharmacy label for the correct dosage.** Be alert to any changes in the dosage.

- Question the use of multiple tablets to provide a single dose of medicine.
- Question any change in the color, size, or form of medication.
- Be suspicious of any sudden large increases in medication dosages.

### 4. Right Time

**Medication must be taken at a specific time of the day.** Check the pharmacy label for the directions as to how often the medication should be taken.

- How long has it been since the last medication?
- Are foods or liquids to be taken with the medication?
- Are there certain foods or liquids to avoid when taking the medication? Is there a certain period of time to take the medication in relation to foods or liquids?

## Your Notes

- Is it the right time of day, such as a.m. or p.m.?

### 5. Right Route

**The pharmacy label should state the appropriate route for self-administering the prescribed medication.** Remember to always check the medication label carefully. If you have any doubt as to whether the medication is in the correct form as ordered or can be self-administered as directed, consult with the prescribing physician or your pharmacist.

In the case of pills (tablets, capsules, etc.), liquids, under the tongue (sublingual), or between the teeth and cheek (buccal), the right route is “oral.” This means that the medication enters the body through the mouth.

Other routes include oral inhalers; nasal sprays; topical, which includes dermal patches or ointments to be applied to the skin; eye drops (ophthalmic) and ear (otic) drops.

**Other more intrusive routes, such as intravenous administrations, intramuscular or subcutaneous injections, rectal and vaginal suppositories, or enemas are only to be administered by a licensed healthcare professional.**

In some cases, an individual in an Adult Residential Facility may inject their own medication. If an adult is to self-administer an injectable medication (for example, insulin for diabetes), a physician must provide a written statement that a person is capable of doing so.

## Your Notes

**If an individual takes his or her own medication independently, the medication must still be properly stored in a locked cabinet.**

**Your Notes**

## Information Brief

# Documentation and Medication Errors

Now we're going to be discussing documentation of medications. **To avoid errors, it is advised that pre-made labels from the pharmacy be placed on the Medication Log.** Some pharmacies may also provide the medication log with the prescriptions already typed on the sheet. This is also acceptable. When possible, appropriate pre-made warning labels will also be placed on the Medication Log (such as "take with food"). **A new prescription and label must be obtained each time a medication dosage is increased or decreased.**

There are several types of Medication Logs. Whatever type your agency uses, the Five Rights should be easily identified on the form. This information must be clearly written on the pre-made label from the pharmacy. **The Medication Log will usually have a box or place for the DSP who is assisting with administration of medication to sign his or her initials. This must be done at the time the medication is taken by the individual, not before, and not hours later.**

Generally, if a medication is ordered only once a day, it is usually given in the morning, around 8:00 or 9:00, unless it is ordered at bedtime. Some medications may be ordered before or after meals. It is important to check every medication. Often medications ordered twice a day are given in the morning and around dinner time, but some may be given in the morning and at bedtime. Again it is

## Your Notes

important to check the order to see if it makes a difference. Three times a day are often 9 a.m., 1:00 p.m. and 5:00 p.m., and four times a day are frequently 9 a.m., 1:00 p.m., 5:00 p.m. and 9:00 p.m. But always check the order. Medications ordered every 6 hours, must be given 6 hours apart, such as 6 a.m., 12:00 noon, 6 p.m. and 12:00 midnight. You may always ask the pharmacist to write the suggested times on the pre-made labels.

What is a medication error? Ask students to explain to the class what each error means. Examples could include:

Wrong Person: John took Sara's cough syrup

Wrong Dosage: Jean took two tablets instead of one

Wrong Time: Fred took his evening capsule in the morning

Wrong Route: Matt used his eye drops for his runny nose

Not Taken At All: Sally went to work and did not take her morning seizure medication

**Remember: It is very important to report all medication errors to the prescribing physician. Medication errors also require that a Special Incident Report be sent to Community Care Licensing and the Regional Center.**

## Your Notes

## Information Brief

# Common Medications, Side Effects and Drug Interactions

## Your Notes

Now let's talk about common medications often prescribed for individuals with developmental disabilities. **Since developmental disabilities usually involve the central nervous system, most drugs that are prescribed for people with developmental disabilities affect the central nervous system.**

**For example, you will see a number of prescribed medications for the prevention of seizures. This is called anticonvulsant medication.** As you may remember, seizures are caused by uncontrolled discharges in the brain and are common in people with developmental disabilities.

**Another category of drugs which affect the central nervous system are psychotropic medications. These drugs are intended to affect thinking or feeling and are taken by many people with developmental disabilities.** These drugs are often categorized as anti-anxiety agents, anti-depression agents, and anti-psychotic agents. Anti-anxiety agents are used to reduce anxiety or anxiousness. Here are some examples.

**Anti-depression drugs which are used to treat depression.** Anti-psychotic drugs are used to treat a variety of psychiatric disorders such as hallucinations and mood disorders.

**“Side effects” are effects produced by a medication other than the intended effect. Side effects are usually undesired effects of the drug.** Whether or not the desired effect occurs, for example, control of seizures, there is always the possibility that undesired side effects will occur. Side effects may be predictable, for example, drowsiness with seizure medication, or a side effect may be entirely unexpected and unpredictable. Side effects may be harmless, such as urine discoloration when taking Dilantin. Side effects, such as a severe allergic reaction to penicillin, may also be potentially fatal.

**WHEN A PERSON HAS A KNOWN ALLERGY TO A MEDICATION, ALL RECORDS MUST BE MARKED.**

Some examples of side effects include: dizziness, drowsiness, confusion, insomnia, psychosis, slurred speech, blurred vision, nervousness, constipation, tics, restlessness, dry mouth. As you can see, these side effects are a combination of physical and behavioral changes. Physical and behavioral changes that are due to the effects of the medication (side effects) are often difficult to sort out from those that are not due to the medication.

Interpretation (deciding the meaning) of a sign or symptom is the responsibility of the physician. **Your responsibility as the DSP is to consistently and accurately observe, report and record any change in physical conditions or behavior.**

**As the DSP you need to know what medications are being used by people in the home where you work and learn about them.** Know what possible side effects may occur, and be sure to ask the physician what kind of reactions should be

## Your Notes

brought immediately to his attention. Write the information from the physician or pharmacist in the individual's record. All DSP need to know about die effects and what to look for when individuals self-administer medication.

Every time a new medication is prescribed, the DSP should ask the pharmacist for a copy of the medication information sheet. The DSP should also ask the pharmacist to review the information sheet. The medication information sheet should be kept for future reference in the individual's record.

**It is the DSPs responsibility to clearly understand the medication and both desired and undesired (side effects) of the medication.** It is recommended that, in talking to the physician and pharmacist, the DSP use the Medication Safety Guidelines tool to be sure that all necessary questions about the medication are answered. Any time you have questions, don't hesitate to contact the physician or pharmacist about the medication.

Don't be bashful! Get to know your pharmacist. **It is recommended that each facility use only one pharmacy. This enables the DSP to develop a relationship with the pharmacy, and the pharmacy to get to know the medication histories of the individuals living in the home.**

**Adverse reactions or side effects may be caused by the interaction of medications or interaction with foods or alcohol.** The effectiveness of drug may be increased or decreased by adding other medications. For example, if Tagamet (for treatment of ulcers) is given with Dilantin

## Your Notes



(used to control seizures), the blood levels of Dilantin may be increased to toxic or dangerous levels. Anti-biotics may reduce the effectiveness of oral contraceptives.

Alcohol in combination with anti-anxiety drugs such as Librium, Valium, or Xanax can be dangerous. Blood pressure medicine with grapefruit juice can make a person sick. Once again, it is the DSPs responsibility to ask questions and get all the necessary information about the medications, including information about possible drug and food interactions, that individuals are taking.

## Your Notes

## Information Brief

# Role of the DSP

## Your Notes

The following are important skills that the DSP needs to know to assist individuals with the safe self-administration of medications:

- **IDENTIFY** and Report Symptoms Accurately and Completely
- **KNOW THE PERSON!** This includes the person's past medical and life history, medications used in the past, what worked and what didn't.
- **UNDERSTAND** what drug(s) is being used and why
- **HAVE KNOWLEDGE** about possible drug side effects and interactions with other drugs and food
- **CONTINUOUSLY** Observe the person's condition and evaluate response to the treatment program

## Information Brief

# Assisting with Self-Administration of Medication

Now we will discuss procedures for the DSP to follow when assisting with self-administration of medications.

**Remember, before a DSP can assist with any medication, prescription or over-the-counter medication, there must be a written, dated, and signed physician's order in the individual's record.**

Only one DSP should be assisting an individual with medications at any given time. That DSP should complete the entire process of assisting an individual with self-administration of medication from beginning to end. Never hand a medication to one person to pass on to another. The DSP should always prepare medication in a clean, well-lit, quiet area. Allow plenty of time, avoid rushing and stay focused.

While Community Care Licensing regulations permit the set up of medications up to 24 hours in advance, there are many potential problems with this practice.

Can you think of some of the problems with setting up medications in advance?

**Answers:** wrong person, wrong medication, wrong dose.

## Your Notes

**To avoid errors, it is recommended that set up of medications be done immediately before assisting an individual with self-administration of medications.**

The following are the steps to be taken when assisting an individual with self-administration of medication.

The DSP:

1. Washes his or her hands
2. Helps the individual wash his or her hands

Hand washing reduces risk of contamination.

3. Gathers supplies, including medication log, labeled container, glass of water, straws, paper cup and other necessary items
4. Checks the Five Rights  
Right Person  
Right Medication  
Right Dose  
Right Time  
Right Route

Checking for the Five Rights reduces medication errors.

5. Pours the correct dose into the cap and then into a labeled medication paper cup
6. Again, checks the Five Rights  
Right Person  
Right Medication  
Right Dose  
Right Time  
Right Route

## Your Notes

7. Talks with the individual about the medication

Talk to the individual about what you are doing and why. This is a good time for the individual to learn about the medication that they are taking.

8. Again, checks the Five Rights.

Right Person  
Right Medication  
Right Dose  
Right Time  
Right Route

9. Places the medication within the individual's reach.

10. Offers a glass of water (at least 4 oz.)

11. Makes sure that the individual swallows the medication.

Stay with the individual until you are certain that they have taken the medication.

12. Documents that medication was taken on the Medication Log

13. Returns the container to the proper locked storage area

14. Observes for Side Effects

15. Reports Side Effects to Physician

## Your Notes

### ***Assisting with Tablets, Capsules, and Liquids***

**Always ask the physician (and pharmacist) to give you the medicine in the proper form for the individual based upon their needs and preferences.** For example, one person may have difficulty swallowing capsules and prefer liquid medication, while another may prefer capsules.

**Ask for help from the prescribing physician or pharmacist if you are unsure about any step in the preparation of, assistance with, or documentation of medications.**

For medications in tablet or capsule (pill) form follow all of the steps in the procedures for self-administration of medications. When assisting with capsules or tablets, the following additional steps should be taken:

1. Pour (or punch out, if bubble pack) the correct dose into the bottle cap and THEN into the container used for holding the tablets or capsules before the person takes them. The container should be labeled with persons name. It is recommended that the DSP use a disposable paper cup for the container. If too many pills pour out, return the pills from the bottle cap into the container. If using a bubble pack, punch out the covered dose into the container.
2. Again check the medication label to assure the ordered dosage has been removed from the labeled container.

3. When assisting the person who is taking the pills, always provide a glass of water. If pills are not taken with liquids they can irritate the throat and intestinal tract and they may not be correctly absorbed. Again, check the pharmacy label. Some medications must be taken with FOOD, and there may be other special instructions.

If someone has problems taking the capsule or tablet the DSP might:

- Ask the physician if the medication is available in liquid or chewable forms.
- Ask physician if medication can be crushed.
- Recommend to the person that he or she take a small sip of water before placing the pill in the mouth can make swallowing the capsule or tablet easier.
- Recommend to the person that he or she tilt their head forward slightly and take a drink of water. This might make swallowing easier. (Throwing the head back may increase the risk of choking.)

### *Assisting with Liquid Medications*

For medications in liquid form, follow all of the procedures for self-administration of medications. When assisting with liquid medications, these additional steps should be taken:

1. Check the label for any directions to “shake well” and do so if indicated.
2. Remove the cap from the bottle and place it upside down on the work surface.
3. The liquid medication should come with a measuring device such as a spoon or cup. If there is no measuring device available, check with your pharmacist or physician to determine exactly how the medication should be measured. Be sure to use a cup with markings, or specially-designed spoon with markings, or a fluid syringe (without needle) with clear markings, when taking teaspoons and tablespoons of a liquid medication. Regular eating spoons (metal or plastic) are simply not accurate enough.
4. Locate the marking for the ordered amount on your medicine cup or other measuring device. Keeping your thumbnail on the mark, hold the cup at eye level and pour the correct amount of medication. (Accuracy is important, so you may want to place the cup on a flat surface to pour and measure. Pour the medication away from the label to prevent staining same with any spills.)



5. If too much liquid is poured, do not return it to the bottle – discard it.
6. After pouring the medication, double check that the amount is the amount that has been indicated on the label.
7. Wipe the lip of the bottle with a clean, damp paper towel before replacing the cap.
8. If any liquid is spilled on the outside of the bottle, also wipe with a clean paper towel.
9. Provide water after the liquid has been swallowed. Again, check the pharmacy label for any special instructions.
10. Wash the measuring device with warm water and air dry on a paper towel.

**What if an individual does not swallow medications with an adequate amount of water?**

- If the individual has difficulty drinking or swallowing liquids, ask the physician or pharmacist about these alternatives:
- Jell-O that is semi-liquid or jelled.
- Apple juice or other medication-compatible juice thickened with cornstarch or other thickening agent.

### **If the person has difficulty taking liquid medications, the DSP might:**

- Give the individual a straw to use to decrease spillage and bad taste
- Give the person ice chips to suck on just before taking the medication. This will often help mask the bad taste
- Ask physician or pharmacist if medication can be diluted to cover a bad taste
- Ask physician or pharmacist if there is another medication-compatible juice that can be used (for example, apple juice)

Let's review and learn some additional best practices about what we know about tablets capsules and liquid medication.

- NEVER crush any kinds of tablets unless the prescribing physician has given specific directions to do so.

DO NOT open capsules and empty out the contents.]

- It is okay to hide medication in food or liquid.

Never try to disguise a medication by putting it in food or liquid.]

- Swallowing capsules with water is helpful.
- Altering the form of capsules or tablets may have an impact on their effectiveness by changing the way a person's body absorbs them.

If there is any question about what is safe to do, contact the prescribing physician or pharmacist.

- Any food can be taken with medication.

Some foods can change the way certain medications work. Read the medication label, it may tell you what to avoid.]

**For liquid medications:**

- Check the label for any directions to “shake well” and do so if indicated.]

The liquid medication should come with a measuring device such as a spoon or cup. If there is no measuring device available, check with your pharmacist or physician to determine exactly how the medication should be measured. Be sure to use a cup with markings, or specially-designed spoon with markings, or a fluid syringe (without needle) with clear markings, when taking teaspoons and tablespoons of a liquid medication. Regular eating spoons (metal or plastic) are simply not accurate enough.]

- Locate the marking for the ordered amount on your medicine cup or other measuring device. Accuracy is important, so you may want to place the cup on a flat surface to pour and measure. Pour the medication away from the label to prevent staining same with any spills.
- If too much liquid is poured, do not return it to the bottle – discard it.]

## Your Notes

- After pouring the medication, double check that the amount is the amount that has been indicated on the label.
- Wipe the lip of the bottle with a clean, damp paper towel before replacing the cap.
- If any liquid is spilled on the outside of the bottle, also wipe with a clean paper towel.
- Provide water after the liquid has been swallowed. Again, check the pharmacy label for any special instructions.]
- Wash the measuring device with warm water and air dry on a paper towel.

## Your Notes

# Key Word Dictionary

## Wellness: Medication

### Session #10

#### **Documentation**

Documentation is the written recording of events, observations and care provided.

#### **Drug (Medication) Interactions**

Drug interactions are the pharmacological result, either desirable or undesirable, of drugs interacting with themselves, other drugs, foods, alcohol, or other substances, such as herbs or other nutrients.

#### **Generic Name**

Generic name is the name given by the federal government to a drug.

#### **Medication Error**

Medication error is any time that the right medications is not administered to the right person in the right amount at the right time and by the right route or method (as prescribed).

#### **Medications**

Medications are substances taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure.

#### **Ophthalmic**

Ophthalmic refers to the eyes.

#### **Otic**

Otic refers to the ears.

#### **Over-the-Counter Medications**

Over-the-counter medications which can be purchased without a prescription.

#### **Pharmacy**

Pharmacy is the practice of preparing and dispensing drugs. The physical building where drugs are dispensed is also referred to as the pharmacy or drug store.

#### **Pharmacist**

Pharmacist is a licensed individual who prepares and dispenses drugs and is knowledgeable about their contents.

### **Physicians**

Physicians are medical doctors.

### **Prescription Medications**

Prescription medications must be ordered by a physician (or other person with authority to write prescriptions).

### **PRN**

PRN (pro re nata) stands for as necessary.

### **Self-Administration**

Self-administration of medications is the independent management of one's medication. Individuals must be able to recognize and understand why they are taking each medication.

### **Side Effects**

Side effects are effects produced by the medication other than the one for which it was prescribed. Side effects may be desirable or undesirable, predictable or unpredictable, harmless or dangerous, sometimes even deadly (fatal).

### **Trade Name**

Trade name, or brand name, is the name given by the manufacturer to a drug.

## **If You Want to Read More About Wellness: Medication**

**The Pill Book: The Illustrated Guide to the Most-Prescribed Drugs in the United States (1998).**

by Silverman, Harold M., editor. Bantam Books.

**The Pill Book Guide to Over-The-Counter Medications (1997).**

by Rapp, Robert P., editor. Bantam Books.

**The American Pharmaceutical Association's Guide to Prescription Drugs (1998).**

by Sullivan, Donald. Signet, Penguin Putnam, Inc.

**The PDR Family Guide to Over-The-Counter Drugs (1997).**

Ballantine Books.

**Dangerous Drug Interactions (1999)**

by Graedon, Joe and Graedon, Teresa. St. Martin's Paperbacks.

**Nursing Drug Handbook (2000).**

by Hodgson, Barbara B. and Kizior, Robert J. Saunders, W.B.





# Worksheets and Activities

Activity:  
Medication Label

<b>Rite Med Pharmacy</b>	
<b>RX 732561</b>	<b>Dr. Jones</b>
<b>Patient: John Doe</b>	<b>01/02/01</b>
<b>Prilosec, 20 mg.</b>	<b>#30 capsules</b>
<b>Take 1 capsule 1 time daily</b>	
<b>Expires 01/31/02</b>	
<b>3 Refills</b>	

**Fill in the blanks**

<b>Person:</b>	_____
<b>Medication:</b>	_____
<b>Dose:</b>	_____
<b>Time:</b>	_____
<b>Route:</b>	_____

Molina Family Home, 123 Main Street, Any City, CA 90000 (Ph: 123-4567)

**Name:** J. Doe

Insurance: ☐ Medi-Cal • ☐ Medicare • Insurance No. \_\_\_\_\_[illegible]

Primary care physician: \_\_\_\_\_

Pharmacy:

**Legend:** Initials means given.    Meds given at ...    D=day program    • H=Relative or friend's home    • E=Elsewhere

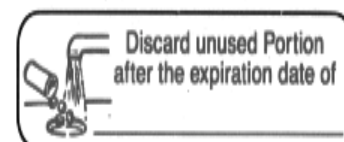
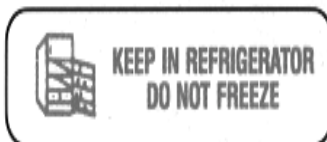
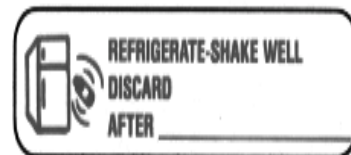
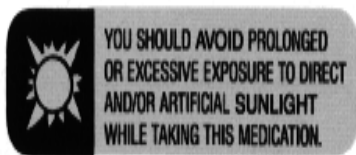
### Signatures & initials:

\_\_\_\_\_ for \_\_\_\_\_

**Notes & comments:** (Suggest color-coding times of day with light highlighter.)

## Allergies

## Common Label Warnings



## Activities for Documenting Medication Errors

### SCENARIO 1

You are working as a DSP on the evening shift in a small family home with 6 adult residents. This morning, a new resident, Ruth Ann Jones, age 55, moved in. Ruth Ann is diagnosed with mental retardation, cause unknown. You are assisting with the evening medications, and this is the first time you will be assisting Ruth Ann. When you look at the MAR, you notice that Ruth Ann is on many medications. These include:

- Prilosec 20 mg daily;
- Prozac 20 mg twice daily (am and noon);
- Haldol 2.0 mg 3 times a day;
- Inderal 40 mg 3 times a day;
- Peri-Colace 2 capsules at bedtime

You prepare the medications and assist Ruth Ann in taking them. When you sit down to document the medications given, you notice that only two, Haldol and Inderal, were to be given at 5:00 p.m. You gave the four medications ordered for earlier in the day, which included Prilosec and Prozac, as well as Haldol and Inderal.

**Which one of the 5 rights was not checked correctly?**

**What should you do?**

### SCENARIO 2

You are a DSP working in a 6 bed community care facility for adults. You have set up morning medications and enter George's room to assist him with his medication. Just as you enter the room, another resident, Jack, interrupts you and needs your assistance. You set George's medication on the night stand and step aside to assist Jack. When you turn back, you see Mike, George's roommate just finishing George's medication.

**Which of the 5 rights were not checked correctly?**

**What should you do?**

**SCENARIO 3**

You are a DSP working in a small family home for children under the age of 18. You have 6 children in your home under the age of 8. You have prepared the medications for Sarah, 2 years old, which include: Proventil Syrup 2mg/5ml, 5ml daily; Tegretol 100mg/5ml, 5 ml twice daily; Cisapride 1mg/1ml, 3 ml four times a day, before meals and before sleep. It is 8:00 a.m. You administer 5 ml of each medication to Sarah. When you document on the MAR, you notice that Cisapride was ordered 3 ml four times a day.

**Which of the 5 rights were not checked correctly?**

**What should you do?**

## Medication Safety Guidelines

Dear Physician/Pharmacist

To assist me in taking my medications properly, please help me answer these questions.

1. What is the name of my medication?  
Brand Name: \_\_\_\_\_  
Generic Name: \_\_\_\_\_
2. What is the medicine supposed to do?
3. What is the dose?
4. What time(s) should I take this medication?
5. Should I take this medication with food?                      Yes \_\_\_\_ No \_\_\_\_  
At least 1 hour before meals?                                      Yes \_\_\_\_ No \_\_\_\_  
At least 2 hours after meals?                                        Yes \_\_\_\_ No \_\_\_\_
6. Are there any food(s) I should avoid?
7. Are there any beverages/drinks (alcohol) I should avoid?
8. Are there any vitamins, herbs or supplements I should avoid?
9. What other medications should I avoid?
10. Are there any over-the-counter (OTC) medications I should avoid?
11. How long will it take for the medicine to start working?
12. Are there any symptoms so serious you would want to know about them immediately?
13. Are there any tests I should complete before starting the medication or while using it?
14. What side effects are common with my medicine?
15. If the medication being prescribed for a long period of time, are there any long-term effects?



Name: Jacob Smith			Insurance Co: Medi-Cal						Insurance #:N/A						Medical #: 000111						" Medicare #: N/A											
Drug/Strength/Form/Dose	Hour	Month & Year :												Date:																		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10387 Dr. Diaz Patient: Jacob Smith 05/15/01 TAKE ONE TABLET ORALLY AM FOR SEIZURES (8AM) Discard by: 06/01/02 Filled by: BRS QTY: 30 Refills: 2 TIGGYETOL 400 mg TABLET	8:00a																															
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10483 Dr. Anderson Patient: Jacob Smith 06/04/01 TAKE ONE TABLET ORALLY EVERY EIGHT HOURS FOR TEN DAYS FOR BRONCHITIS (8AM, 4PM, 12AM) Discard by: 07/01/02 Filled by: BRS QTY: 30 Refills: 0 AMAXICILLIN 250mg TABLET																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10484 Dr. Anderson Patient: Jacob Smith 06/04/01 Liquid: TAKE 5cc EVERY SIX HOURS FOR COUGH (2AM, 8AM, 2PM, 8PM) Discard by: 07/01/02 Filled by: BRS QTY: 100CC Refills: 0 RUBYTUSSIN																																

FOR \_\_\_\_\_

## MEDICATION ERROR LOG

<u>Date</u>	<u>Time</u>	<u>Medication &amp; Dosage (Error or Omission)</u>	<u>What Happened, Consumer Response, and Actions Taken by Staff</u>	<u>Who was notified, e.g., Physician, Administrator, Emergency Services, etc.</u>	<u>Signature of person making report</u>

**INSTRUCTIONS FOR USE:** Circle date and time of error or omission on reverse side. Complete report on each error or omission indicated on this page.

*Direct Support Professional (DSP) Training*  
**SKILL CHECK #1**  
*Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications*  
**STUDENT INSTRUCTIONS**

**Directions:**

**Partner with another member of the class. Each partner should have a *Skill Check #1 Worksheet*. Using the *Worksheet*, practice all the steps in this skill. Have your partner check off each step you correctly complete (PARTNER CHECK). When you are comfortable that you are able to correctly complete all the steps without using the *Worksheet*, ask the teacher to complete the Teacher Check.**

**Reminders for Assisting With Self Administration:**

- ALWAYS store medication in a locked cabinet and/or refrigerator
- NEVER leave medication unattended once it has been removed from the locked storage area
- ALWAYS check for known allergies
- ALWAYS read the medication label carefully and note any warning labels
- Assist only with medication from labeled containers
- Assist only with medication that you have prepared

**HELPFUL HINT**

*When completing this skill check, remember that you are checking the “**FIVE Rights**” **THREE** Times by reading the medication label and comparing to the Medication Log.*

- **The first check** is when you remove the medication from the locked storage area or storage container.
- **The second check** is when you remove the medication from its original labeled container.
- **The third check** is just before you assist the person with self administration.

**COMPETENCY:** Each student is required to complete *Skill Check #1 Worksheet, Assisting Individuals With Self-Administration of Tablets, Capsules and Liquid Medications*, with no errors in critical steps.

TEACHER \_\_\_\_\_

STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**SKILL CHECK #1 WORKSHEET***Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications*

**Scenario:** The time is 8:00 a.m. in the morning. The date is the day of the class. The staff is assisting Jacob Smith with self administration of medication.

Please initial each step when completed correctly	Partner Check	Teacher Check		
		Attempt #1	Attempt #2	Attempt #3
<b>STEPS</b>				
		Date	Date	Date
1. Help the person who you are assisting to wash his or her hands	_____	_____	_____	_____
2. Wash your hands	_____	_____	_____	_____
3. Get the Medication Log for the person you are assisting	_____	_____	_____	_____
4. Gather supplies:	_____	_____	_____	_____
<ul style="list-style-type: none"> <li>The labeled medication storage unit with the medication containers</li> <li>Paper cups for tablets and capsules, plastic calibrated measuring cup or medication spoon for liquid</li> <li>Glass of water</li> <li>Tissues</li> <li>Pen</li> </ul>				
5. As you take each medication container from the person's storage unit, read the medication label and compare to the Medication Log for the:				
<ul style="list-style-type: none"> <li>Right Person</li> <li>Right Medication</li> <li>Right Dose</li> <li>Right Time Check the time on your watch/clock</li> <li>Right Route</li> </ul>	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

**SKILL CHECK #1 WORKSHEET**  
*Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications*

Please initial each step when completed correctly	Partner Check	Teacher Check		
		Attempt #1	Attempt #2	Attempt #3
<b>STEPS</b>				
6. Again, as you prepare the medications, read the medication label and compare to the Medication Log for the:	_____	_____	_____	_____
<ul style="list-style-type: none"> <li>• Right Person</li> <li>• Right Medication</li> <li>• Right Dose</li> <li>• Right Time Check the time on your watch/clock</li> <li>• Right Route</li> </ul>				
7. For tablets or capsules, pour the correct dose into the lid of the container and then into a small paper cup	_____	_____	_____	_____
8. For bubblepacks, push tablets/capsules from the bubblepack into a small paper cup	_____	_____	_____	_____
9. For liquid medication, pour the correct dose into the plastic measuring cup held at eye level	_____	_____	_____	_____
<ul style="list-style-type: none"> <li>• View the medication in the cup on a flat surface</li> <li>• Pour away from the medication label to avoid spills</li> <li>• If any spills on the bottle, wipe away</li> </ul>	_____	_____	_____	_____
OR				
When using a measuring spoon:				
<ul style="list-style-type: none"> <li>• Locate the marking for the dose</li> <li>• Hold the device at eye level and fill to the correct dosage marking</li> <li>• Pour away from the medication label to avoid spills</li> <li>• If any spills on the bottle, wipe away</li> </ul>	_____	_____	_____	_____

**SKILL CHECK #1 WORKSHEET*****Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications***

Please initial each step when completed correctly	Partner Check		Teacher Check	
		Attempt #1	Attempt #2	Attempt #3
<b>STEPS</b>				
10. Talk with the person you are assisting about what you are doing and about why he or she is taking each medication	_____	_____	_____	_____
11. Again, just before putting the medication within the person's reach, read the medication label and compare to the Medication Log for the:	_____	_____	_____	_____
<ul style="list-style-type: none"> <li>• Right Person</li> <li>• Right Medication</li> <li>• Right Dose</li> <li>• Right Time Check the time on your watch/clock</li> <li>• Right Route</li> </ul>				
12. Place the medication within the person's reach	_____	_____	_____	_____
13. Offer a glass of water	_____	_____	_____	_____
14. Make sure that the person takes the medication and drinks water	_____	_____	_____	_____
15. Record that the person took their medication by initialing the date and time in the proper box on the Medication Log	_____	_____	_____	_____
16. Return the medication containers and bubble pack to the person's storage unit. As you do so, read the labels to check that the person's name on the medication container label is the same as the name on the storage unit.	_____	_____	_____	_____

***Direct Support Professional (DSP) Training***  
**SKILL CHECK #1**  
***Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications***  
**CERTIFICATION**

This is to certify that (Name of Student)\_\_\_\_\_

correctly completed all of the steps for *Assisting Individuals With Self Administration of Tablets, Capsules and Liquids.*

Teacher Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Comments: \_\_\_\_\_

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